2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000096338

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90486 032 ***150.00

	WITT INT	ERVENTIONAL CORPORA	ATION							
٢	Principal Place	of Business	Mailing Address	<u> </u>						
	305 NORTH (MELBOURNE,	DRIVE	305 NORTH DRIVE Melbourne, FL 32934	4				500	01806	9
ŀ	2. Principal Pl	ace of Business	3. Mailing Address							
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L	Suite, Apt.		Suite, Apt. #, etc.			04252006	Chg-P	CR2E03	34 (11/05)	A PAGE
L	City & State		City & State			4. FEI Number 59-3628	115		j	piled For at Applicable
	Zip	Country	Zip	Country		5. Certificate o	Status Desired		\$8.75 Add Fee Require	
		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	Registered A	gent	
		TD1011 5 500		Name				•		
	1499 S. HA	ATRICK F ESQ ABOR CITY BLVD STE 201 INE, FL 32901			ddress (F	P.O. Box Number	is Not Acceptable	9)		
l				City				FL	Zip Cod	0
		named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or	register	ed agent, or both	, in the State of Fi	orlda. I am f	amiliar with,	and accept
	SIGNATURE_	·								
_		Signature, hypoid or printed name of registered agent	and tide if applicable. (NOTE:	Registered Agent signatu	ure required	when reinstating)		DATE		
	FILI	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig	gn Financing	\$5.	00 May Be ad to Fees		DATE		
	FILI	E NOWIII FEE IS \$150.00	B. Election Campaig Trust Fund Contri	gn Financing	\$5.	00 May Be ed to Fees	HANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-SI-SIP

TITLE

HAME

SIGNATURE: <

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delcte

4-25-2006

(321)773-0258

Change

☐ Addition